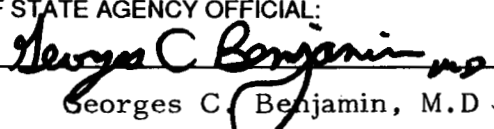
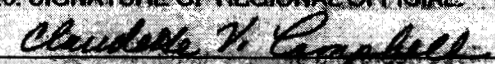


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: <div style="text-align: center;">0 2 — 3</div>	2. STATE: <div style="text-align: center;">Maryland</div>
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) <div style="text-align: center;">Medicaid</div>	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		4. PROPOSED EFFECTIVE DATE <div style="text-align: right;">July 1, 2001</div>	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: <div style="text-align: center;">See Attached</div>		7. FEDERAL BUDGET IMPACT: a. FFY _____ \$ _____ b. FFY _____ \$ _____	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <div style="text-align: center;">Supplement 10 to Attachment 3.1A pages 1 through 16 Attachment 4.19 A & B pages 63-A through 63-C</div>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <div style="text-align: center;">Supplement 10 to Attachment 3.1A pages 1 through 9 Attachment 4.19 A & B pages 63A and 63B</div>	
10. SUBJECT OF AMENDMENT: <div style="text-align: center;">This amendment is necessary to allow participants enrolled in the Home and Community-Based Services Waiver for Children with Autism Spectrum Disorder to receive specialized service coordination.</div>			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Susan J. Tucker, Executive Director <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL Office of Health Services			
12. SIGNATURE OF STATE AGENCY OFFICIAL: <div style="text-align: center;"></div>		16. RETURN TO: Susan J. Tucker, Executive Director Office of Health Services 201 West Preston Street, Room 127 Baltimore, Maryland 21201	
13. TYPED NAME: <div style="text-align: center;">Georges C. Benjamin, M.D.</div>		14. TITLE: <div style="text-align: center;">Secretary</div>	
15. DATE SUBMITTED: <div style="text-align: center;">September 27, 2001</div>		17. DATE RECEIVED: <div style="text-align: center;">September 28, 2001</div>	
FOR REGIONAL OFFICE USE ONLY			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <div style="text-align: center;">July 1, 2001</div>		18. DATE APPROVED: <div style="text-align: center;">NOV 28 2001</div>	
PLAN APPROVED - ONE COPY ATTACHED			
21. TYPED NAME: <div style="text-align: center;">Claudette V. Campbell</div>		20. SIGNATURE OF REGIONAL OFFICIAL: <div style="text-align: center;"></div>	
23. REMARKS:		22. TITLE: Associate Regional Administration Division of Medicaid & State Operations	



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Region III

NOV 28 2001

Suite 216, The Public Ledger Building
150 S. Independence Mall West
Philadelphia, PA 19106-3499

Ms. Susan Tucker
Executive Director
Office of Health Services
Department of Health and Mental Hygiene
201 West Preston Street
Baltimore, Maryland 21201

Dear Ms. Tucker:

Enclosed is a copy of the approved state plan material, Transmittal Number 02-03. With this amendment, the State proposes Targeted Case Management Service Coordination for Children with Disabilities and diagnosed with Autism Spectrum Disorder, and approved for the State's home and community based waiver.

If there are any questions about the above state plan amendment, please contact James Hake at (215) 861-4196.

Sincerely,

Claudette V. Campbell
Associate Regional Administrator
Division of Medicaid and State Operations

Enclosure

12-91 REQUIREMENTS AND LIMITS
APPLICABLE TO SPECIFIC SERVICES 4302.3 (Cont.)

EXHIBIT I
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Maryland

CASE MANAGEMENT SERVICES
SERVICE COORDINATION FOR CHILDREN WITH DISABILITIES

- A. Target Group:**
(Modified to include autistic children enrolled in the Home and Community-Based Services Waiver for Children with Autism Spectrum Disorder (COMAR 10.09.56) – see attached).
- B. Areas of State in Which Services Will Be Provided:**
- ☒ Entire State
- ☐ Only in the following geographic areas (authority of §1915(g)(1) of the Act is invoked to provide services less than statewide):
- C. Comparability of Services:**
- ☐ Services are provided in accordance with §1902(a)(10)(B) of the Act.
- ☒ Services are not comparable in amount, duration and scope. Authority of §1915(g)(1) of the Act is invoked to provide services without regard to the requirements of §1902(a)(10)(B).
- D. Definition of Services:**
(Modified to include autistic children enrolled in the Home and Community-Based Services Waiver for Children with Autism Spectrum Disorder (COMAR 10.09.56) – see attached).
- E. Qualifications of Providers:**
(Modified to include autistic children enrolled in the Home and Community-Based Services Waiver for Children with Autism Spectrum Disorder (COMAR 10.09.56) – see attached).
- F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of §1902(a)(23) of the Act.**

1. Eligible recipients will have free choice of the providers of case management services.
2. Eligible recipients will have free choice of the providers of other medical care under the plan.

G. Payment for case management services under the plan shall not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Rev. 56

4-317

TN No. 02-3

Supersedes TN No. 93-28

Approval Date: NOV 28 2001

Effective Date: July 1, 2001

A. Target Group

Children 2 through 20 years old who are federally eligible Medical Assistance recipients and for whom free and appropriate education is provided under the Individuals with Disabilities Education Act or Section 504 of the Rehabilitation Act of 1973.

Individuals enrolled as waiver participants in accordance with the requirements of the Home and Community-Based Services Waiver for Children with Autism Spectrum Disorder (COMAR 10.09.56) and Service Coordination for Children with Disabilities under Maryland's Medical Assistance Program regulations (COMAR 10.09.52.02), who are age 1 through 21 years old, may receive specialized service coordination of their waiver services, in addition to regular service coordination.

A recipient is eligible to receive the case management services, called Service Coordination for Children with Disabilities under Maryland's Medical Assistance Program regulations (COMAR 10.09.52), when the following requirements are met:

1. It is determined through an assessment, in accordance with Maryland law and regulations for assuring a free, appropriate education for all students with disabilities, that:

- a. The recipient has temporary or long-term special education needs arising from cognitive, emotional, or physical factors, or any combination of these, and
- b. The recipient's ability to meet general education objectives is impaired to a degree whereby the services available in the general education program are inadequate in preparing the child to achieve his or her education potential;

2. A multidisciplinary team, called an Individualized Education Program (IEP) team in the Maryland State Department of Education regulations for Programs for Students with Disabilities (COMAR 13A.05.01), determines that the recipient is a child with disabilities who:

- a. Is eligible for Special Education ARD-related services, and
- b. Needs an IEP under Part B of the Individuals with Disabilities Education Act or a 504 Written Individualized Plan (504 WIP) under Section 504 of the Rehabilitation Act of 1973.

3. The recipient elects, or the recipient's parent or other responsible individual elects, on the recipient's behalf, to receive Service Coordination for Children with Disabilities; and

4. The recipient is not receiving similar case management services under another Medical Assistance Program authority.

D. Definition of Services:

Service Coordination for Children with Disabilities means those case management services which will assist participants in gaining access to the services recommended in a participant's IEP or 504 WIP.

A "unit of service" is defined as a completed initial waiver plan of care, approved by the Maryland State Department of Education (MSDE) and signed by the service coordinator, the waiver participant or the parent or parents of a minor child, and all other members of the waiver multidisciplinary team and the provision of all other services specified in COMAR 10.09.52.

The Maryland Medical Assistance Program reimburses for the following services under Service Coordination for Children with Disabilities, when the services have been documented as necessary and appropriate:

1. Initial IEP or 504 WIP

a. A unit of service for the initial IEP or the 504 WIP is defined as:

- (1) A completed initial Individualized Education Program (IEP) or 504 Written Individualized Plan (504 WIP) signed by all members of the IEP team, (i.e., the multidisciplinary team) and
- (2) At least one contact by the participant's service coordinator (i.e., case manager) or IEP team in person or by telephone with the participant or the participant's parent or other responsible individual, on the participant's behalf, relating to development of the initial IEP or 504 WIP.

b. The covered services include convening and conducting, the IEP team to perform a multidisciplinary assessment and develop an initial IEP or 504 WIP that includes:

- (1) A statement of the participant's special education needs and related service needs, including the need for medical, mental health, social, financial assistance, counseling, and other support services;
- (2) A statement of measurable annual goals and measurable short-term objectives for the participant;

- (3) A statement of the specific special education and related services to be provided to the participant;
- (4) The projected dates for initiation of services and the anticipated duration of service; and
- (5) Appropriate objective criteria and evaluation procedures for determining, on at least an annual basis, whether the objectives set forth in the IEP or 504 WIP are being achieved.

2. Ongoing Service Coordination

- a. Ongoing Service Coordination (i.e., case management) is rendered subsequent to an initial IEP or 504 WIP the participant's service coordinator employed by a provider.
- b. A unit of service for Ongoing Service Coordination includes:
 - (1) At least one contact by the Service Coordinator in person or by telephone, with the participant or the participant's parent or other responsible individual, on the participant's behalf, relating to the child's Ongoing Service Coordination, and
 - (2) The provision of all other necessary covered services under Ongoing Service Coordination.
- c. These services shall include:
 - (1) Acting as a central point of contact relating to IEP or 504 WIP services for a participant;
 - (2) Maintaining contact with direct service providers and with a participant and the participant's parent or other responsible individual through home visits, office visits, school visits, telephone calls, and follow-up services as necessary;
 - (3) Implementing the IEP or 504 WIP by referring the participant to direct service providers, assisting the participant in gaining access to services specified in the IEP or 504 WIP, and providing linkage to agreed-upon direct service providers;
 - (4) Discussing with direct service providers the services needed and available for the participant, assessing the quality and quantity of services being provided, following up to identify any obstacles to a participant's utilization of services, coordinating the service delivery, and performing ongoing monitoring to determine whether the services are being delivered

in an integrated fashion as recommended in the IEP or 504 WIP and meet the participant's current needs;

- (5) Providing a participant and a participant's parent or other responsible individual with information and direction that will assist them in successfully accessing and using the services recommended in the IEP or 504 WIP;
 - (6) Informing a participant's parent or other responsible individual of the participant's and the family's rights and responsibilities in regard to specific programs and resources recommended in the IEP or 504 WIP;
 - (7) Conducting, with a participant's parent or other responsible individual at a meeting or by other means acceptable to the parent and the service coordinator, a review of the participant's IEP or 504 WIP every 6 months, or more frequently if warranted or the parent or other responsible individual requests a review; and
 - (8) Reviewing, at least annually at a meeting or by other means acceptable to the participant's parent and others involved in the review process:
 - (a) The degree of a participant's progress toward achieving the goals established in the IEP or 504 WIP, and
 - (b) Whether the goals or recommended services need to be revised.
- d. Administrative, supervisory, and monitoring services associated with the Ongoing Service Coordination, are included as part of the service.

3. IEP or 504 WIP Review

- a. Regulations of the Maryland State Department of Education require that a participant's IEP or 504 WIP be reviewed and, if appropriate, revised:
 - (1) Within 60 school days after the participant's initial placement in Special Education;
 - (2) On an interim basis upon the request of the professionals on the IEP team or the request of the participant's parent(s) or other responsible individual; and
 - (3) At least annually.
- b. A unit of service for IEP or 504 WIP review is defined as:
 - (1) A completed 60-day, interim, or annual IEP or 504 WIP review; and
 - (2) At least one contact by the service coordinator or IEP team in person or by telephone with the participant or the participant's parent or

other responsible individual, on the participant's behalf, relating to review of the IEP or 504 WIP.

- c. The covered services include convening and conducting an IEP team to perform a multidisciplinary reassessment of the participant's status and to review and revise, as necessary, the participant's IEP or 504 WIP.

4. Waiver Initial Assessment

- (a) The covered service includes convening, coordinating, and participating on the waiver multidisciplinary team to perform the initial assessment and develop the waiver participant's initial waiver plan of care;
- (b) Assisting the waiver participant or the parent or parents of a minor child with scheduling and attending the appointments required for the waiver initial assessment;
- (c) On behalf of the waiver multidisciplinary team, providing written notification to the waiver participant or the parent or parents of a minor child of the MSDE approval of the waiver participant's waiver enrollment and the effective date of enrollment;
- (d) Assuring that the waiver participant or the parent or parents of a minor child are informed and understand their rights and responsibilities related to the Autism Waiver and Medicaid;
- (e) Assisting waiver participants with the waiver enrollment process specified in COMAR 10.09.56; and
- (f) Assisting with completion of forms and coordinating with the Department for determination of the waiver participant's Medicaid financial and technical eligibility in a timely fashion.

5. Waiver Ongoing Service Coordination

A monthly unit of service is defined for waiver ongoing service coordination as:

- (a) At least one documented monthly contact by the waiver participant's service coordinator in person, by telephone, or through written progress notes with the waiver participant or parent;
- (b) A quarterly visit to the waiver participant's residence, residential program, or day program, including at least one visit to the waiver participant's residence every 12 months; and

- (c) The provision of all other necessary services specified under COMAR 10.09.52.

The covered services shall include, as necessary:

- (a) Acting as a central point of contact relating to a waiver participant;
- (b) Coordinating Autism Waiver Service Coordination with the Department and MSDE;
- (c) Referring the waiver participant to the Autism Waiver providers specified in the waiver plan of care;
- (d) Assisting the waiver participant with gaining access to the Autism Waiver services preauthorized in the waiver plan of care according to the type, level, amount, frequency, duration, and cost specified;
- (e) Assisting with coordination of the Autism Waiver service delivery;
- (f) Providing the waiver participant and the parent or parents with information and direction to assist them with accessing and using successfully the Autism Waiver services preauthorized in the waiver plan of care;
- (g) Maintaining contact with the waiver participant's waiver and other service providers and with the waiver participant or parent through documented home visits, office visits, school visits, telephone calls, mailings, and follow-up services as necessary;
- (h) Following up to identify any problems or obstacles to the waiver participant's appropriate receipt of the Autism Waiver services specified in the waiver plan of care;
- (i) Assisting to resolve any conflicts or crises in delivery of the waiver participant's Autism Waiver services which jeopardize the waiver participant's community placement or the health and safety of the waiver participant or another individual;
- (j) Making minor changes to the waiver participant's waiver plan of care as necessary, without reconvening the waiver multidisciplinary team, if the change is approved by MSDE and the waiver participant's parent or parents;
- (k) Assuring that the necessary documentation is maintained in the waiver participant's case file, as specified in COMAR 10.09.52;

- (l) Providing MSDE with required information in the established time frame on waiver participants enrolled in or being terminated from the Autism Waiver; and

(m) Monitoring on an ongoing basis is defined as:

- (i) The appropriateness of the type, level, amount, frequency, duration, and quality of the Autism Waiver services received by a waiver participant;

- (ii) Whether a waiver participant's Autism Waiver services are delivered in an integrated and coordinated fashion and adequately meet the waiver participant's current needs; and

- (iii) The impact of the Autism Waiver services on the waiver participant's health, safety, development, relationships with family members and other persons, home environment, educational program, quality of life, and life satisfaction.

6. Waiver Reassessment

A "unit of service" is defined as:

- (a) A completed waiver plan of care review, with revisions as necessary, which is approved by MSDE and signed by the service coordinator, the waiver participant or the parent or parents of a minor child, and all other members of the waiver multidisciplinary team; and
- (b) The provision of all other services specified under 10.09.52.

The covered services shall include:

- (a) Convening, coordinating, and participating on the waiver multidisciplinary team at least every 12 months to review, and revise as necessary, the waiver participant's waiver plan of care;
- (b) Assisting waiver participants with the waiver's eligibility redetermination process, as specified in COMAR 10.09.56;
- (c) Coordinating with the Department for redetermination of the waiver participant's Medicaid financial and technical eligibility in a timely fashion;
- (d) Assisting the waiver participant or the parent or parents of a minor child with completion and submission of the application forms and accompanying documentation for the Medicaid financial and technical eligibility redetermination, before the deadline established by the Department;

- (e) On behalf of the waiver multidisciplinary team, providing written notification to the waiver participant or the parent or parents of a minor child of DHMH's approval or denial of the waiver participant's continued waiver enrollment; and
- (f) If continued enrollment is denied by DHMH providing written notification to the waiver participant or the parent or parents of a minor child of the effective date for the waiver participant's termination from the waiver, the reason or reasons for ineligibility, and the right to appeal and request a fair hearing under COMAR 10.01.04 and 42 CFR Part 431, Subpart E.

E. Qualifications of Providers

1. A provider of Service Coordination for Children with Disabilities shall be an agency within the State that:
 - a. Operates programs with special education and related services for children with disabilities, in accordance with Maryland State Department of Education regulations for Programs for Students with Disabilities (COMAR 13A.05.01); and
 - b. Is eligible to receive, through the Maryland State Department of Education, funding from Assistance to States for the Education of Children with Disabilities under Part B of the Individuals with Disabilities Education Act.
2. The provider shall convene an IEP team or teams which include:
 - a. A chairperson designated by the local superintendent of schools or other appropriate official of the agency that operates education programs for students with disabilities;
 - b. Individuals who are familiar with the participant's current level of functioning;
 - c. A special educator and interdisciplinary personnel from the agency which operates education programs for students with disabilities, the local health department, and other public agencies, as appropriate;
 - d. Other individuals considered appropriate, such as individuals expected to provide direct services to the participant; and
 - e. If the participant is suspected of having a specific learning disability, at least one person qualified to conduct individualized diagnostic examinations, such as a school psychologist or speech language pathologist, and
 - (1) The participant's regular teacher;
 - (2) If the participant does not have a regular teacher, a regular classroom teacher qualified to teach a student of that age; or
 - (3) An individual certified to teach a child of that age, if the child is less than school age.
3. The IEP team shall:
 - a. Provide the opportunity for participation in an IEP team meeting to the participant's parent(s) or other responsible individual, and the participant, if appropriate;
 - b. Receive referrals of recipients who are 2 through 20 years old and are identified as potentially eligible for Service Coordination for Children with Disabilities;
 - c. Arrange for an appropriate assessment of a recipient referred to the IEP team to determine whether the recipient has temporary or long-term special education and related service needs arising from cognitive, emotional, or physical factors, or any combination of these;

- d. Complete the assessment within 45 calendar days of the recipient's referral to the IEP team;
 - e. Review the results of the assessment and determine the recipient's eligibility for Service Coordination for Children with Disabilities services within 30 calendar days of assessment's completion;
 - f. Develop an Individualized Education Program (IEP) or 504 Written Individualized Plan (504 WIP) within 30 calendar days of the determination of the participant's eligibility for Service Coordination for Children with Disabilities;
 - g. Review the IEP or 504 WIP and progress of each participant who is receiving the special education and related services recommended in the IEP or 504 WIP, within 60 school days after the participant's initial placement in special education;
 - h. Meet and conduct an annual review of each participant's IEP or 504 WIP and, if appropriate, revise the IEP's or 504 WIP's provisions; and
 - i. Reconvene the IEP team to conduct an interim IEP or 504 WIP review or to modify the existing IEP or 504 WIP at any time upon request of the professionals included on the IEP team or the participant's parent(s) or other responsible individual, as deemed necessary pursuant to the participant's progress.
4. The provider shall employ specific, qualified individuals as service coordinators (i.e., case managers) for participants and verify their credentials for providing the covered services.
 5. The provider shall be knowledgeable of the eligibility requirements and application procedures of federal, State, and local government assistance programs which are applicable to participants.
 6. The provider shall employ qualified individuals needed to staff IEP teams, develop participants' IEPs or 504 WIPs, or perform as service coordinators for participants.
 7. The provider shall obtain the participant's parent's or other responsible individual's approval of the participant's service coordinator and the participant's IEP or 504 WIP prior to implementation.
 8. The provider shall maintain a file on each participant which meets the Medical Assistance Program's requirements and which includes:
 - a. Copies of the participant's IEP or 504 WIP with any revisions;
 - b. Written parental consent for the provision of Service Coordination for Children with Disabilities to the participant;
 - c. A record of service coordination encounters concerning the participant;

9. Service Coordinator Requirements

- a. An individual chosen as a participant's service coordinator (i.e., case manager) shall be:
 - (1) Employed by a provider of Service Coordination for Children with Disabilities; and
 - (2) Chosen by the IEP team, with the approval of the participant's parent(s) or other responsible individual, taking into consideration the:
 - (a) Primary disability manifested by the participant;
 - (b) Participant's needs; and
 - (c) Services recommended in the IEP or 504 WIP.
- b. A service coordinator may be a nonprofessional or a professional (e.g., audiologist, guidance counselor, registered nurse, occupational therapist, physical therapist, psychologist, pupil personnel worker, social worker, speech therapist, speech pathologist, teacher, school administrator, or school supervisor).
- c. A professional chosen as a service coordinator for a participant shall have a current license or certification in the profession most immediately relevant to the participant's needs.
- d. A nonprofessional chosen as a service coordinator for a participant shall:
 - (1) Be a parent of a child with disabilities, but not of the particular participant;
 - (2) Have at least a high school diploma or the equivalent; and
 - (3) Have satisfactorily completed training in advocacy at a parent information center that is approved by the Maryland State Department of Education.
- e. A service coordinator shall:
 - (1) Participate with the IEP team in the development or revision of a participant's IEP or 504 WIP and in the IEP or 504 WIP review;
 - (2) Assist the participant in gaining access to the services recommended in the IEP or 504 WIP; and
 - (3) Collect and synthesize evaluation reports and other relevant information about a participant that might be needed by an IEP team.

A. General requirements for participation in the Program are that a provider shall meet all the conditions for participation as set forth in COMAR 10.09.36.03.

B. Specific requirements for participation in the Program as a provider of Service Coordination for Children with Disabilities are that a provider shall be an agency within the State that:

- (a) Operates programs with special education and related services for children with disabilities, in accordance with Maryland State Department of Education regulations for Programs for Students with Disabilities (COMAR 13A.05.01); and
- (b) Is eligible to receive, through MSDE, funding from Assistance to States for the Education of Children with Disabilities under Part B of the Individuals with Disabilities Education Act;
 - (1) Convene or participate on an IEP team or teams, in accordance with COMAR 13A.05.01, which shall:
 - (a) Include individuals from at least two disciplines as specified in COMAR 13A.05.01 and determined by the participant's disability, and provide the opportunity for participation to the participant's parent or parents, and the participant, if appropriate, pursuant to COMAR 13A.05.01;
 - (b) Receive referrals of recipients who are 2 through 20 years old, or who are waiver participants, and are identified as potentially eligible for the services covered under this chapter;
 - (c) Conduct an assessment of a recipient within 90 days of receiving a written referral;
 - (d) Develop an IEP or 504 WIP for a participant in accordance with COMAR 13A.05.01 within 30 calendar days of the determination of eligibility for the services covered under this chapter;
 - (e) Review the IEP or 504 WIP and progress of each participant who is receiving the special education and related services recommended in the IEP or 504 WIP, upon request of the parent or parents;
 - (f) Meet and conduct an annual review of each participant's IEP or 504 WIP and, if appropriate, revise the IEPs or 504 WIPs provisions, and
 - (g) Reconvene the IEP team to conduct an interim IEP or 504 WIP review and modify the existing IEP or 504 WIP at any time upon request of the professionals included on the team or the parent or parents, as considered necessary pursuant to the participant's progress;

- (2) Designate specific, qualified individuals as service coordinators, and verify their credentials for providing the services covered under this chapter;
- (3) Be knowledgeable of the eligibility requirements and application procedures of federal, State, and local government assistance programs which are applicable to participants;
- (4) Maintain a file on each participant which meets the Program's requirements and which shall include:
 - (a) Copies of the participant's IEP or 504 WIP with any revisions,
 - (b) Written parental consent for the services covered under this chapter,
 - (c) A record of service coordination encounters concerning the participant,
 - (d) Approval from a participant's parent of the participant's service coordinator and the participant's IEP or 504 WIP before implementation of the service coordination, and
 - (e) The following documentation for a waiver participant:
 - (i) Diagnosis of autism;
 - (ii) Form for determination of eligibility for level of care in an intermediate care facility for the mentally retarded and persons with related conditions (ICF-MR)—initial determination and redetermination, at least annually;
 - (iii) Consent form for autism waiver services, signed before Autism Waiver enrollment;
 - (iv) Form for determination of Medicaid eligibility for autism waiver services—initial determination and redetermination, at least annually;
 - (v) Waiver plan of care—initial plan, review at least annually, and any plan revisions;
 - (vi) Preauthorization by MSDE of any environmental accessibility adaptations reimbursed through the Autism Waiver; and
 - (vii) The waiver participant's IEP developed in accordance with this chapter or individualized family service plan (IFSP) developed in accordance with COMAR 10.09.40;
- (5) Employ or have under contract qualified personnel who convene or participate on IEP teams, convene or participate on waiver multidisciplinary teams as

necessary, develop participants' IEPs, 504 WIPs, or waiver plans of care, and perform as service coordinators for participants; and

- (6) Convene or participate on a waiver multidisciplinary team or teams for waiver participants, in accordance with the requirements of COMAR 10.09.56 and this chapter.

Reimbursement Methodology – Service Coordination for Children with Disabilities

1. Requests for payment for the services covered under Service Coordination for Children with Disabilities must be submitted by an approved provider of Autism Waiver Service Coordination, according to the procedures established by the Medical Assistance Program.
 2. A provider shall submit a request for payment on the invoice form designated by the Department. A separate invoice shall be submitted for each participant. The completed form shall indicate:
 - (1) Date or dates of service;
 - (2) Participant's name and Medical Assistance Number;
 - (3) Provider's name, location, and provider number; and
 - (4) Nature, unit or units of service, and procedure code or codes of covered services provided.
 3. A unit of service for waiver initial assessment is defined as:
 - (a) a completed initial waiver plan of care, approved by MSDE and signed by the service coordinator, the waiver participant or the parent or parents of a minor child and all other members of the waiver multidisciplinary team; and
 - (b) the provision of all other necessary covered services.
 4. A unit of service for waiver ongoing assessment is defined as:
 - (a) at least one documented monthly contact by the waiver participant's service coordinator in person, by telephone, or through written progress notes with the waiver participant or parent;
 - (b) a quarterly visit to the waiver participant's residence, residential program, or day program, including at least one visit to the waiver participant's residence every 12 months; and
 - (c) the provision of all other necessary covered services.
 5. A unit of service for waiver reassessment is defined as:
 - (a) a completed waiver plan of care review, with revisions as necessary, which is approved by MSDE and signed by the service coordinator, the waiver participants or the parent or parents of a minor child, all other members of the waiver multidisciplinary team; and
 - (b) the provision of all other necessary covered services.
 6. The Department will make no direct payment to recipients.
-

7. Billing time limitations for services shall be the same as set forth in COMAR 10.09.36.
8. The provider shall bill the Department for the appropriate fee or fees specified in #9.
9. Payment shall be made:
 - (a) only to one qualified provider for covered waiver services rendered on a particular date of service to a participant; and
 - (b) according to the following fee-for-services schedule for waiver providers:

	Description	Fee Per Unit of Service
a.	Waiver initial assessment: No more than one unit of service may be reimbursed per waiver participant.....	\$500
b.	Waiver ongoing assessment: No more than one unit of service per month may be reimbursed for a waiver Participant.....	\$150
c.	Waiver reassessment: At most, four units of service may be reimbursed for a waiver participant in a 12-month period.....	\$275
10.	Service Coordination for Children with Disabilities is advisory in nature except for Autism Waiver Service Coordination.	
11.	A restriction may not be placed on a qualified recipient's option to receive the services covered under this regulation except that Autism Waiver Service Coordination as defined, is required for waiver eligible persons who choose to enroll in the Autism Waiver.	
12.	Only waiver participants may receive Autism Waiver Service Coordination.	

13. The Medical Assistance Program shall pay only one qualified provider for covered services rendered on a particular date of service to a participant and according to the following fee-for-services schedule for non-waiver providers:

Description	Fee Per Unit of Service
a. Initial IEP or 504 WIP. Only one unit of service may be reimbursed per waiver participant.....	\$500
b. Ongoing Service Coordination. Only one unit of service per month may be reimbursed for a waiver Participant.....	\$150
c. IEP or 504 WIP Review: At most, three units of service may be reimbursed for a waiver participant in a 12-month period.....	\$275
14. Payment may not be made for ongoing service coordination when, for the same month, payment is made to the provider for furnishing to the participant either: a. An initial IEP or 504 WIP service; or b. An IEP or 504 WIP review service.	
15. Reimbursement may not be made for these services if the participant is receiving a similar case management service under another Medical Assistance Program authority.	